

16

SOME REMARKS

ON THE

MODE OF ADMISSION

TO OUR

MEDICAL CHARITIES.

BY

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ADDRESSED TO THE COMMITTEE OF THE MANCHESTER
AND SALFORD "HOSPITAL SUNDAY" FUND.

MANCHESTER :

PRINTED BY A. IRELAND AND CO., PALL MALL.

1870.



TO THE COMMITTEE OF MANAGEMENT AND
DISTRIBUTION OF THE MANCHESTER AND
SALFORD "HOSPITAL SUNDAY" FUND.

MR. MAYOR AND GENTLEMEN,

It is currently reported that it is your intention to present to the various Manchester Charities some recommendations as to their mode of administration, especially concerning the mode of admission of patients. The munificent addition to their funds, of which you are the almoners, fully warrants you in doing so; and, while I am sure that nothing can be further from your wish than to dictate any procedure that may be inconsistent with the *genius* of any particular institution, I am equally sure that your recommendations will not only obtain a respectful hearing, but will be carefully weighed, and, if possible, adopted by the responsible directors of each and all of them. I, therefore, crave permission to address a few words to you on the subject.

Seeing that there are no medical men upon your Committee, and having taken a more or less active part in the preliminary work of instituting two of our Hospitals, besides having some experience in the administration of others, I hope that I shall not be considered presumptuous in tendering some suggestions which, even if they do not meet with your entire approval, may, perhaps, pave the way for practical action in the direction indicated.

I have the honour to be,

Mr. Mayor and Gentlemen,

Your obedient Servant,

J. THORBURN.

333, Oxford Street, Manchester.

November 28th, 1870.

REMARKS, ETC.

THE main object of all Hospitals and Dispensaries is to provide for the poor the highest attainable medical advice in the time of sickness.

When these are supported by voluntary donations and subscriptions, as they are almost universally and entirely in England, certain conditions are presupposed, if not always carried into execution.

The first great positive condition is that all who are sick or wounded, and who from poverty, sudden seizure, or other causes, cannot obtain proper medical relief, shall do so at the expense of the said institutions, and that this assistance shall be without stint, without delay, and without loss of self-respect.

This positive condition is modified, however, by certain negative ones, of great, if not equal, importance.

Among these are the following :

First,—That the general public shall not be absolved, except in an indirect and unavoidable manner, from its duty of providing for the maintenance, in health or in sickness, of the waifs and strays of society, known under the generic term of paupers. The commonwealth provides by a public rate for these, who may be considered as the scape-goats, that bear no small proportion of the penalties of its common sins.

Second,—That those who are able, and often willing, to pay somewhat for medical advice under ordinary circumstances, shall not have their self-respect lowered by having it thrown to them as gratuitous alms. And,

Third,—That those who are competent to provide for their own, under all usual conditions, shall not be allowed to cheat the benevolent, or selfishly to diminish the sum placed at the disposal of their poorer brethren.

Do our Medical Charities fulfil as fully as possible these simple conditions?

Do they admit the proper cases only to their benefits? Do they admit them with the greatest possible facility? or do they, in any adequate degree, assist in preserving the self-respect derived from efforts, however small, at self-help?

The answer to all these queries must inevitably be that they fail, more or less, in every respect.

Who are the persons who do in fact obtain admission to our Medical Charities?

I will endeavour to answer the question from my own experience, which, I think, will be found to assimilate pretty closely to that of every hospital physician.

There are at least four classes of persons:—

First,—There are those who are, metaphorically speaking, lamed for life; who have no friends (able to help them), no money, no health, no possibility of attaining one or the other. These cases often survive for years, just as the cracked pot survives its fellows. In theory no ordinary Hospital receives them; no paupers are entitled to admission. Being beyond the hope of better days in this world, the state ought to support such beings in a very different manner from what it actually does. Yet, in spite of regulations to the contrary, such cases furnish a sensible per-centage of our ordinary Dispensary patients. They get a “recommend” here, a free admission there; they pass from institution to insti-

tution, often detected and dismissed, as often attending more than one at once, and partially supporting life upon the cod-liver oil they receive, or upon a little trade they may drive among their neighbours, in pills, cough bottles, and the like. My belief is that this class furnishes not less than 10 per cent of our ordinary out-patients.

Second,—There are those who are not in receipt of poor-law relief, and who, by dint of great struggles, are just able to keep their heads above the pauper level. Occasionally they sink, but by a great effort they are able once more to become self-supporting.

This is the class for whom, of all others, Hospitals and Dispensaries are mainly intended.

They cannot afford, without terrible hardships, to subtract from the food and clothing fund anything for medical advice or medicine, and yet the immediate relief of sickness, by means of these, makes all the difference between *social* life and death. Yet, of this class I do not think that we meet with much more than 20 per cent in our Hospital waiting rooms.

Third,—We have a class above this who are undoubtedly able, and who would generally be willing, to afford some contribution towards the expenses involved in their treatment. At most, the temporary abandonment of some small luxury would suffice, and the sacrifice would not seldom be in itself a boon to the health. Indeed, this sort of effort at self-help is constantly being made in other directions, and the small sums which are constantly expended by this class on the haphazard nostrums of the lowest class of druggists—men whom the Pharmaceutical Society does not delight to honour—would suffice to support the half of our Medical Charities, instead of supplying as they now do a fair proportion of their aggravated ailments. I should estimate this class of patients as constituting at least 50 per cent of all Hospital and Dispensary practice.

Fourth,—We have a class of patients who are decidedly able to pay their way under nearly all circumstances. Excepting during very long continued sickness, or for advice or operations requiring something quite out of the ordinary run of skill, time, nursing, or money, it is a disgrace that such persons should be allowed to receive the benefit of alms. Our Hospitals are not so much abused in this respect as some of the London ones, but yet I do not think I am over-estimating the class at nearly 20 per cent of our sum total of patients.

If my estimates then are anywhere nearly correct—and I feel sure that extended inquiry will show them to be very little wide of the mark—our Hospital and Dispensary system does not fulfil the conditions I have alluded to.

The cause must be found mainly in the mode of admission.

There are three modes more or less conjointly at work. The subscriber's recommendation plan, the free admission plan, and the small payment plan.

First,—The subscriber's recommendation plan. By means of this each subscriber has the privilege of nominating so many candidates for admission. The number is regulated by the amount of subscription. He is supposed to make full inquiry into the circumstances of the patient, and these inquiries are more or less checked by the agents of the charity. This is the oldest, and, apparently, most approved plan, being adopted at the Infirmary, St. Mary's Hospital, and the older Dispensaries, and at the Salford Hospital.

Second,—The free admission plan. According to this a patient simply applies at the charity and states his case. If his disease be an admissible one he is at once admitted, there being more or less accurate subsequent inquiry into the nature of his circumstances. This method has been always adopted by the Children's Hospital in Bridge-street, by the Clinical Hospital, by the Southern Hospital for

Women, Children, and Midwifery; and, for out-patients, by the Hulme Dispensary. It is also recently, partially, and tentatively tried at St. Mary's, the Chorlton Dispensary, and I believe elsewhere.

Third,—The small payment plan. As far as I am aware St. Mary's Hospital alone makes any use of this method, and that only very partially, by charging a shilling to most of the applicants for midwifery tickets. I believe the Homœopathic Dispensary has a system of partial payments from many of its patients, though I am not practically acquainted with its working. If it be so, it illustrates the sagacity, from a pecuniary point of view, of its promoters.

These are the methods at present in action. Much might be said, and has been said, for and against each of them; but the combined, or partially antagonistic, result of the whole being what we have seen, would it not be possible for Manchester boldly to initiate some uniform plan which would obviate the disadvantages of each, and which, while it afforded the freest and speediest access for the deserving to necessary medical treatment, would keep back the undeserving, and retain more of the self-respect of those who were able or willing to contribute to their own relief?

I believe in the possibility of such a scheme, and am much mistaken if the belief is not shared by most of those who will carefully investigate the subject.

In the following propositions I shall endeavour to epitomise my views on the question. If they appear too dogmatic in style, I must plead the want of time and space as the sole cause thereof:—

Proposition I.—The giving of recommendations as a *quid pro quo* for subscriptions is an insult to the sacred name of charity in which they are subscribed.

Proposition II.—It is also a mistake, because (*a*) the

inquiries supposed to be made by the givers of recommendations are seldom, if ever, *bona fide* ones ; (b) urgent cases of disease are constantly aggravated by the time consumed in seeking recommendations ; (c) the modest and friendless poor often find it impossible to get them, while (d) any one with sufficient assurance can do so whether poor or not ; (e) our Hospitals are too often filled with unfit cases from the fear of offending good subscribers. Many other reasons might be given ; these must suffice.

Proposition III.—Free admission counteracts some of these disadvantages, but is also liable to great abuse, because full, free, and uniform inquiry is seldom subsequently made into the fitness of the cases.

Proposition IV.—Partial payment would, if properly regulated, do much towards remedying one class of abuses, but is inapplicable to all cases, and should never be allowed to deter from immediate recourse to advice when necessary.

Proposition V.—It would be an enormous advantage to all parties if one system of admission were in action, alike at all our institutions.

Proposition VI.—This uniform system should combine the advantages of free and immediate medical aid ; of proper and uniform inquiry into the circumstances of all patients ; of their retention as free patients when warranted ; their rejection upon uniform grounds ; or their admission as partially paying cases, upon a uniform scale.

Proposition VII.—The following regulations would meet most if not all of these requirements as regards out-patients, and might, with very slight modifications, be applied also to in-patients.

Rule A.—Every case of disease showing any urgency, applying at an Hospital or Dispensary which treats such diseases, shall be at once prescribed for upon the mere statement that the patient is unable to pay for advice.

Rule B.—If further treatment be required, or if there be no urgency, the name, address, &c., shall be entered for immediate inquiry by thoroughly competent visitors.

Rule C.—This inquiry shall be made by a staff of inspectors in joint connection with the whole of the Medical Charities, paid for, *pro rata*, by them all, and furnished with a carefully arranged and sufficiently elastic prospectus, in accordance with which every patient can at once be classified as (*a*) pauper, (*b*) free patient, (*c*) paying patient, (*d*) too well circumstanced for admission. The Provident Society furnishes an admirable model of the kind of inspection required.

Rule D.—The report being entered next day by the inspectors, the patient shall at his next visit receive a card stating one of four things. (*a*) You are referred to the Parish authorities. (*b*) You are admitted gratuitously to the benefit of the Institution. (*c*) You are admitted on payment of, say 1s. on receipt of card, and a like sum monthly during the time of your attendance; or, (*d*) You are inadmissible.

Rule E.—Class (*a*) or (*d*) may be admitted if the Physician or Surgeon in attendance certifies that the case is of such an unusually dangerous or special nature as to warrant a special exemption.

Rule F.—A complete system of book-keeping, in accordance with the above rules, shall be organised in each institution, and conducted by the conjointly employed inspectors.

Rule G.—All serious accidents shall be continuously attended without the above formalities, until sufficiently recovered to allow of them.

Rule H.—All fever cases shall be encouraged to enter at once the wards appropriated to them, *pro bono publico*.

Rule I.—The same to be applicable to all Venereal Diseases.

Rule J.—Midwifery cases shall be inquired into and admitted to treatment on similarly equitable principles.

Such is the crudest possible sketch of a scheme which half-a-dozen gentlemen of administrative ability could very speedily elaborate and perfect. Could it be universally adopted by all our institutions, I am certain that the following results would ensue. Disease among the poor would be more speedily coped with, and, in some corresponding degree, eradicated. The abuse of voluntary charity would be greatly mitigated, if not put an end to, the self-respect of many of our poor would be enlarged, and a sum of money which I predict would nearly equal the "Hospital Sunday" fund would, without hardship, be added to the subscription lists of our many valuable Medical Charities.

P.S.—Since writing the above, it has struck me that an objection might be raised as to the difficulty of inquiring into the circumstances of patients who come from towns at some distance from Manchester. I think that the distance alone furnishes a tolerably complete guarantee against much abuse of Hospital Charity—but, if necessary, a modification of the recommendation system might easily be devised to meet the difficulty. Say a form to be filled up by any clergyman, doctor, justice of the peace, or other person easily identified.

